HealthCare Survey

Four years ago, the COVID-19 pandemic struck our nation…33,000 New Jerseyans lost their lives! An independent review of NJ's response to the emergency concluded that the state was grossly unprepared.

How were you affected? Please take this survey to help us make positive changes in the way healthcare services are provided to people with disabilities in NJ.

Need assistance filling this out? Contact Luke Koppisch at **732-738-4388.**

Age: _____

Ethnicity

- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern
- ☐ Native Hawaiian or Pacific Islander
- ☐ White/Caucasian
- ☐ Prefer not to answer

Gender Identity: _____

County

- ☐ Middlesex
- ☐ Somerset
- ☐ Union
- ☐ Other (specify): _____
- ☐ Not Sure

Disability
(check all that apply)

- ☐ Blind
- ☐ Visual Impairment
- ☐ Mobility Impairment
- ☐ Prefer not to answer
- ☐ Cognitive Impairment
- ☐ Mental Health Condition
- ☐ Hearing Impairment
- ☐ Other (specify): _____

Do you have any chronic health conditions?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Current Living Arrangement

- ☐ Alone
- ☐ With Family
- ☐ With Friends
- ☐ With Paid Caregiver

Type of Residence

- ☐ Private Home
- ☐ Group Home/Supervised Apartment
- ☐ Private Apartment
- ☐ Other (specify): _____
- ☐ Rooming House

Do you have medical insurance?

- ☐ Yes
- ☐ No
- ☐ Not Sure

What type of medical insurance do you have?
(check all that apply)

- ☐ Private
- ☐ Medicare
- ☐ Employer Sponsored Plan
- ☐ Not Sure
- ☐ Medicaid
- ☐ No coverage

Do you have a Primary Care Physician?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If you have a Primary Care Physician, how satisfied are you with the quality of care you receive?

- ☐ Very Satisfied
- ☐ Neutral
- ☐ Very Dissatisfied
- ☐ Satisfied
- ☐ Dissatisfied

Do you feel you have access to specialists that you need?

- ☐ Yes
- ☐ No
- ☐ Not Sure

In the past 12 months, have you experienced accessibility issues in a health care setting?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If yes, what type of health care setting?
(check all that apply)

- ☐ Pharmacy
- ☐ Urgent Care Center
- ☐ Other (specify): _____
- ☐ Doctors Office
- ☐ Health Care Clinic
- ☐ Hospital

If yes, what type of accessibility issue did you experience?
(check all that apply)

- ☐ Physical access to enter, move around the facility
- ☐ Inaccessible exam tables
- ☐ Inaccessible bathroom facilities
- ☐ Inaccessible waiting room
- ☐ Inaccessible intake/reception area
- ☐ Lack of sign language interpreters
- ☐ Inaccessible written materials
- ☐ Healthcare instructions that were not clear or understandable
- ☐ Language translation not available
- ☐ Staff were insensitive to my needs
- ☐ Other (specify): _____

Have accessibility issues prevented you from seeking health care services in the past 12 months?

☐ Yes ☐ No ☐ Not Sure

Please describe any healthcare related problems you encountered during the pandemic.

In addition to above access areas, are there other experiences you have had difficulty with?
(check all that apply)

- ☐ Lack of transportation to health care setting
- ☐ Need for someone to accompany you on the visit
- ☐ Difficulty in scheduling appointments due to on-line registration or other
- ☐ Other (specify): _____

In the past 12 months, have you participated in a telehealth (on-line/virtual) medical visit?

☐ Yes ☐ No ☐ Not Sure

If yes, were you satisfied with the Telehealth Visit?

☐ Very Satisfied ☐ Neutral ☐ Very Dissatisfied
☐ Satisfied ☐ Dissatisfied

If yes, did you encounter any accessibility issues with Telehealth Visits?

☐ Yes ☐ No ☐ Not Sure

If yes, please specify what type of difficulty you had with the Telehealth Visit.

Please describe any additional issues with receiving health care that are a problem for you.